Early Medical Assessment



Bread and Cake Retailing

Packing

1. Bread and Cake Retailing
2. Packing

Dear Doctor: This form will take up to 5 minutes to complete. Please review each task the worker undertakes (both picture and written description) and tick whether or not the worker can complete this task. If modification required, please leave comments. Space at the end of this document is available for final comments and recommendations.

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* Carrying individual items or a tray full.
* Laying paper in crate or box and packing items in whilst standing at bench.
* Wrapping paper over the top of the bread and using tape gun to stick down.
* Carrying crate/box to racks for delivery driver to collect. Weights may vary according to order.
* Slicing bread in automatic slicer, sealing bread bag and lifting into crate.
* Physical requirements –
* Constant standing and walking between racks and bench;
* Reaching from floor to overhead heights (requiring full shoulder movement);
* Repetitive forward reach when packing crates on bench, some extended reach to access back of tray;
* Repetitive grasping of bread products;
* Pinching when accessing paper for wrapping;
* Bilateral task;
* Carrying full trays and crates with arms around edges;
* Bending to access low rack shelves and crates from floor;
* Repetitive twisting to access trays next to bench;
* Consistent rapid pace.
 | Doctor Approval[ ]  Yes [ ]  NoComments:  |
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1. Work Capacity Form

**Doctor Review (include final comments)**

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I confirm that in my view, subject to the above comments, the worker is able to perform certain duties detailed in this Early Medical Assessment.

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| These duties should be reassessed on: |  | Date: |

|  |  |  |
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| Signature : |  | Date: |

**Employers Declaration:**

I confirm that I/we have reviewed the Doctor’s recommendations and comments. I/we will make suitable changes to make allowances for the Dr’s recommendations.

|  |  |  |
| --- | --- | --- |
| Signature : |  | Date: |

**Employees Declaration**

My Doctor has discussed their recommendations with me. I have been given the opportunity to participate in this process.

|  |  |  |
| --- | --- | --- |
| Signature : |  | Date: |

For information on completing this form, please contact Business SA on 08 8300 0000.

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